

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26789

1. PLACE OF DEATH

49 County Jasper Registration District No. 413
Township Mineral Primary Registration District No. 5559c
City Webb City, (No.) St. Ward
La Plante, Mrs. Nora

File No.

Registered No. 26

2. FULL NAME

(a) Residence, No. Tulsa, Okla. St. Ward
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 5, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 I 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

13. NAME Robert Reynolds,

14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Matilda Casey

16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Records,
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Not Hope DATE 8/16/33 19.

19. UNDERTAKER Steel Undertaking Co.
(ADDRESS) Webb City - Mo

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1933, to Aug. 15 1933

I last saw her alive on Aug. 15, A.M. 1933 Death is said

to have occurred on the date stated above, at 11:18 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Krimley M. D.

(Address) Webb City

